

STATE OF HAWAII
Department of Accounting and General Services
Division of Public Works
MONTHLY ESTIMATE

5 copies
submitted

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DIV. OF PUBLIC WORKS

2015 APR 30 PM 3:42

FOR THE MONTH OF JANUARY 2015

Date: February 1, 2015

CONTRACTOR: DIVERSIFIED PLUMBING & AIR CONDITIONING

ADDRESS: P.O. BOX 37124

Contract No. 57973 [✓]

City, State ZIP: HONOLULU, HAWAII 96837

DAGS Job No. 12-20-2618

PROJECT TITLE: HAWAII STATE HOSPITAL, BUILDINGS E, F, H & I HOT WATER RETROFIT SYSTEM

CONTRACT

Basic Contract Amount \$ 256,789.00

FOR INSPECTION BRANCH USE

[] SUBMITTAL REGISTER [] COMMENCEMENT REQUIREMENTS

DUE MONTHLY: [] PROJECT SCHEDULE

[✓] PAYROLL AFFIDAVITS

MONTHLY ESTIMATE CHECKLIST [✓] CONTRACT NUMBER

[✓] PROJECT NAME AND LOCATION [] ALL SIGNATURES

[] AS NEED - WASTE REDUCTION PROGRESS REPORT

SPECIALTY / MISC:

[] AIR CONDITION ACCEPTANCE [] PAINT ACCEPTANCE

CHANGE ORDERS

Total \$ 46,000.00

Adjusted Contract Amount \$ 302,789.00

WORK ACCOMPLISHED

Basic Contract

Change Order

Total

Completed to Date 100.00% \$ 256,789.00 100.00% \$ 46,000.00 \$ 302,789.00

Retained **REDUCED []** \$ - \$ - \$ -

Amount Subject to Payment \$ 256,789.00 \$ 46,000.00 \$ 302,789.00

Payments to Date \$ 249,087.00 \$ 44,620.00 \$ 293,707.00

Payments Now Due \$ 7,702.00 \$ 1,380.00 \$ 9,082.00

Payment No. **FINAL [X]** 4

Remarks: For projects already Accepted and/or Completed, delete Statement Of Contract Time and add..

[✓] Project Acceptance Date

[✓] Project Completion Date

FOR OFFICE USE ONLY

JANUARY 13, 2015
JANUARY 13, 2015

1. Computed and Checked by:

2. I certify that the above bill is correct, just, that payment has not been received, and all payroll affidavits have been submitted, are current, or proper deductive exclusions have been made to this request; and least 80% of our workforce resides in Hawaii. []
As a preferred contractor, I have submitted all apprenticeship approval forms.

NOT
APPLICABLE

Carol K. H. MAY 4 2015
Recommended: Project Inspector or Engineer Date:

James K. H. MAY 4 2015
Recommended: Area Engineer/Architect Date:

James K. H. MAY 4 2015
Approved: Branch Chief or District Engineer Date:

The Public Works Administrator certifies that change orders have been issued and the work performed.

James K. H. MAY - 5 2015
State Public Works Administrator Date:

DIVERSIFIED PLUMBING AND AIR CONDITIONING

Name of Contractor

Douglas E. Luiz Jr. 2/1/2015
By signature / Title: DOUGLAS E. LUIZ JR., DOW Date:

BASIC CONTRACT - PRIME & SUB CONTRACTOR RETAINAGE CALCULATION

STATE OF HAWAII
Department of Accounting and General Services
Division of Public Works

For the Month of: JANUARY 2015

CONTRACTOR: DIVERSIFIED PLUMBING & AIR CONDITIONING Contract No.: 57973
PROJECT TITLE: HAWAII STATE HOSPITAL, BUILDINGS E, F, H & I HOT V DAGS Job No.: 12-20-2618

CLOSED			LICENSE	BASIC CONTRACT	COMPL.		RETN	CONTRACT
	PRIME CONTRACTOR	TRADE	NO.	AMOUNT	TO DATE	% CMPL	%	AMOUNT RETAINED
	DIVERSIFIED PLUMBING & A	General Contractor	ABC-23458	\$256,789	\$256,789	100.00%	0%	0

SUBCONTRACTOR	TRADE	LICENSE NO.	BASIC SUB-CONTRACT AMOUNT	COMPL. TO DATE	% CMPL	RETN %	SUB-CONTRACT AMOUNT RETAINED
FOXBLT	ELECTRICAL	C-56789	\$128,888	\$28,888	#DIV/0!	10%	0
ACUTRON	INSULATION	C-7865	\$16,666	\$16,666	#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
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					#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
Total Retained from Subs			\$0	\$0			\$0

	\$258,789	\$258,789
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BASIC CONTRACT - RETAINED FROM PRIME AND SUBS (A+B)	\$0
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I certify that the above retentions are correct for this request.

DIVERSIFIED PLUMBING AND AIR CONDITIONING

Name of Contractor

By Signature **DOUGLAS E. LUIZ II, OWNER**

2/27/201

Date _____

Checked/Verified by:

Initial - Project Inspector or Engineer

NOTE:
Columnar totals shall be equal in dollar value to that on the Monthly Estimate Sheet

CHANGE ORDER - PRIME & SUB CONTRACTOR RETAINAGE CALCULATION

STATE OF HAWAII
Department of Accounting and General Services
Division of Public Works

For the Month of: JANUARY 2015

CONTRACTOR: DIVERSIFIED PLUMBING & AIR CONDITIONING **Contract No.:** 57973
PROJECT TITLE: HAWAII STATE HOSPITAL, BUILDINGS E, F, H & I HOT **DAGS Job No.:** 12-20-2618

CLOSED	PRIME CONTRACTOR	TRADE	LICENSE NO.	CHANGE ORDER AMOUNT	COMPL. TO DATE	% CMPL	RETN %	CHANGE ORDER AMOUNT RETAINED
	DIVERSIFIED PLUMBING & A	General Contractor	ABC-23456	\$48,000	\$48,000	100.00%	0%	\$0

	SUBCONTRACTOR	TRADE	LICENSE NO.	CHANGE ORDER SUB AMOUNT	COMPL TO DATE % CMPL	RETN %	CHANGE ORDER SUB AMOUNT RETAINED
					#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
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					#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
					#DIV/0!	10%	\$0
	Total Retained from Subs			\$0	\$0		\$0 B

	\$46,000	\$46,000
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CHANGE ORDER CONTRACT - RETAINED FROM PRIME AND SUBS (A+B)	\$0
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I certify that the above retentions are correct for this request.

DIVERSIFIED PLUMBING AND AIR CONDITIONING

Name of Contractor

By Signature **DOUGLAS E. LUIZ II, OWNER**

2/27/20

Dat

Checked/Verified by:

A. H.

Initial - Project Inspector or Engineer

NOTE:

Columnar totals shall be equal in dollar value to that on the Monthly Estimate Sheet

STATE OF HAWAII
DEPARTMENT OF ACCOUNTING AND GENERAL SERVICES
DIVISION OF PUBLIC WORKS
Monthly Payment Slip

PAYMENT NO.: 4 *FINAL*

PROJECT TITLE: HAWAII STATE HOSPITAL - BUILDINGS E, F, H, AND I, HOT WATER SYSTEM RETROFIT

BILLING MONTH: January-15

DAGS JOB NO.: 1 2-20-2618

CONTRACT NO.: 57973

CONTRACTOR: LUIZ, DOUGLAS E II SO

VENDOR CODE: 25525501

Original Contract Payment		Suffix: 1			
<u>Suffix</u>	<u>Fund Symbol</u>		<u>Amount Earned</u>	<u>Retainage</u>	<u>Amount Due</u>
01	B08-406M		\$0.00	(\$7,702.00)	\$7,702.00
Totals:				(\$7,702.00)	\$7,702.00

Change Order Payment		Suffix: 2, 3			
<u>Suffix</u>	<u>Fund Symbol</u>		<u>Amount Earned</u>	<u>Retainage</u>	<u>Amount Due</u>
Totals:				(\$1,380.00)	\$1,380.00
Grand Total:				(\$9,082.00)	\$9,082.00

Verified By

DATE

(This Section for Administrative Services Office Use Only)

Vendor Code 25525501

Cost Code 3A1

Voucher No.

SWV 5128

Verified By

gr

MAY 12 2015